

1997 Health Care Survey of DoD Beneficiaries:

Summary Report on Catchment Areas for Region 12

July 1998

Submitted to:

United HealthCare
Applied HealthCare Informatics
9900 Bren Road East
Minnetonka, MN 55343
(612) 936-1300

Project Officer:

Kathia Kennedy

Submitted by:

Mathematica Policy Research, Inc.
600 Maryland Ave., SW, Suite 550
Washington, DC 20024-2512
(202) 484-9220

Project Director:

Myles Maxfield

PAGE IS INTENTIONALLY LEFT BLANK TO ALLOW FOR DOUBLE-SIDED COPYING

Table of Contents

Chapter		Page
	Executive Summary	vii
1	Introduction	1
	Research Questions	
	Reports in the Series	
	Background	
	How to Interpret the Survey Findings	
	Methodology	
	The HCSDB in Context with Other Data Sources	
	The Findings in Context with a National Civilian Benchmark	
	Preventive Care Standards	
2	Satisfaction with TRICARE and TRICARE Prime	7
3	Access to Health Care	15
4	Knowledge of TRICARE and TRICARE Prime	21
5	Sources of Health Care	25
6	Use of Health Care	29
7	Use of Preventive Services	33
8	Enrollment and Beneficiary Health Status	41
9	Performance Improvement Plan	45

PAGE IS INTENTIONALLY LEFT BLANK TO ALLOW FOR DOUBLE-SIDED COPYING

Table of Graphs

Chapter		Page
2	Satisfaction with TRICARE and TRICARE Prime	7
2.1	Patients Satisfied with the Care They Received at a Military (MTF) or Civilian (CTF) Treatment Facility, by Catchment Area and Compared to a National Civilian Benchmark	8
2.2	TRICARE Prime Enrollees' Levels of Satisfaction with TRICARE Prime, by Catchment Area.....	9
2.3	Percent of Patients Satisfied with the Military or Civilian Care They Received in Each Catchment Area, by Type of Beneficiary	10
2.4a	Percent of Beneficiaries Likely to Enroll or Re-enroll in TRICARE Prime in Each Catchment Area, by Enrollment Status.....	11
2.4b	Percent of Beneficiaries Unlikely to Enroll or Re-enroll in TRICARE Prime in Each Catchment Area, by Enrollment Status.....	12
2.5	TRICARE Prime Enrollees Satisfied with Their Care in Each Catchment Area, by Type of Primary Care Manager.....	13
3	Access to Health Care	15
3.1	Percent of Beneficiaries Who Used an Emergency Room in Lieu of a Regular Appointment in Each Catchment Area, by Enrollment Status.....	16
3.2	Percent of Patients Who Waited More Than 30 Days to Get an Appointment for Routine Care in Each Catchment Area, by Enrollment Status and Source of Care	17
3.3	Percent of Patients Who Waited More Than 30 Minutes in a Provider's Office in Each Catchment Area, by Enrollment Status and Source of Care	18
3.4	Percent of Patients Reporting Selected Reasons for Not Relying on a Military Facility for Most of Their Care, by Catchment Area	19
4	Knowledge of TRICARE.....	21
4.1	Beneficiaries' Levels of Knowledge of TRICARE, by Catchment Area.....	22
4.2	Percent of Beneficiaries In Each Catchment Area With Unclear Information about Enrolling in TRICARE Prime, by Type of Beneficiary.....	23
4.3	Percent of Beneficiaries Reporting Selected Sources of Information about TRICARE, by Catchment Area	24

5	Sources of Health Care	25
5.1	Percent of Beneficiaries in Each Catchment Area Who Used a Military Pharmacy to Fill Prescriptions Written by a Civilian Provider, by Type of Beneficiary	26
5.2	Usual Source of Care for Beneficiaries Who Are Sick or Need Advice, by Catchment Area and by Type of Beneficiary.....	27
6	Use of Health Care	29
6.1a	Percent of Patients in Each Catchment Area Who Had Six or More Outpatient Visits in the Past Year, by Enrollment Status and Source of Care.....	30
6.1b	Percent of Patients in Each Catchment Area Who Had No Outpatient Visits in the Past Year, by Enrollment Status and Source of Care	31
7	Use of Preventive Services	33
7.1	Percent of Beneficiaries in Each Catchment Area Who Had Blood Pressure Readings Within the Past Two Years, by Enrollment Status.....	34
7.2	Percent of Beneficiaries in Each Catchment Area Who Had a Cholesterol Screening Within the Past Five Years, by Enrollment Status.....	35
7.3	Breast Cancer Screening.....	36
7.4	Percent of Female Beneficiaries in Each Catchment Area Who Had a Pap Smear Within the Past Three Years, by Enrollment Status	37
7.5	Timing of First Prenatal Care	38
7.6	Percent of Male Beneficiaries Age 50 or Over in Each Catchment Area Who Had a Prostate Screening Within the Past Two Years, by Enrollment Status	39
8	Enrollment and Beneficiary Health Status	41
8.1	Enrollment in TRICARE Prime	42
8.2	Percent of Beneficiaries in Each Catchment Area With a Composite Physical Health Score Below the Median Score for the Age Group	43
9	Performance Improvement Plan	45
9.1	Performance Improvement Plan for Tripler AMC (0052)	46

Executive Summary

The Health Care Survey of DoD Beneficiaries (HCSDB) is designed to answer the following five questions:

- How *satisfied* are DoD beneficiaries with their health care?
- How *accessible* is health care at military and civilian facilities?
- How *knowledgeable* are beneficiaries about TRICARE and TRICARE Prime, and what are the sources of information about TRICARE?
- What health care *services* do beneficiaries use, and what are the *sources* of those services?
- How much, and what types of, *preventive health care* do beneficiaries use?

Conducted annually since 1995 and sponsored by the Office of the Assistant Secretary of Defense (Health Affairs) [OASD(HA)], the survey is conducted under the authority of the National Defense Authorization Act for Fiscal Year 1993 (P.L. 102-484). This report presents the key findings of the 1997 HCSDB for adults for catchment areas in Region 12. The findings are summarized below.

Satisfaction

- In Region 12, CTF patients (82 percent) were more likely than MTF patients (64 percent) to be satisfied with their care. Satisfaction with CTF care is greater than satisfaction with MTF care at Tripler AMC and outside of the catchment area. The civilian benchmark for satisfaction with health care is 89 percent, according to the 1997 Household Survey developed by the Center for Studying Health System Change.
- In Region 12, the proportion of enrollees who are satisfied with TRICARE Prime (57 percent) is less than the proportion of patients who are satisfied with MTF care in general (64 percent). Satisfaction with TRICARE Prime is greater at Tripler AMC (57 percent) than it is outside of the catchment area (50 percent).
- Satisfaction with civilian care in Region 12 (56 to 88 percent) is greater than satisfaction with military care (55 to 78 percent) among all types of beneficiaries except active duty personnel. This region wide pattern is observed at Tripler AMC.
- Of the beneficiaries in Region 12 who reported being enrolled in TRICARE Prime, most (60 to 80 percent) plan to re-enroll in the next 12 months. Of those not enrolled in TRICARE Prime, those under age 65 (20 percent) were more likely than those over age 65 (7 percent) to enroll. Outside of the Region 12 catchment area, only 46 percent of active duty enrollees plan to re-enroll.
- In Region 12, TRICARE Prime enrollees who have a military PCM are just as likely to be satisfied with their care (57 percent) as those with a civilian PCM. Satisfaction among enrollees with a military PCM is greater at Tripler AMC (57 percent) than it is outside of the catchment area (39 percent).

Access to Care

- Of the beneficiaries in Region 12 who used an ER in the past 12 months, active duty personnel enrolled in TRICARE Prime (10 percent) were the least likely to report using the ER because they could not get an appointment with their usual health care provider. Between 20 and 22 percent of other types of beneficiaries resorted to ER use for that reason. Outside of the Region 12 catchment area, the rate of ER use in lieu of a regular appointment was below the regional average among all types of beneficiaries.

- In Region 12, very few patients (2 to 10 percent) wait more than 30 days for a routine care appointment, regardless of TRICARE Prime enrollment status or source of care. A 30-day wait is the TRICARE standard for a routine care appointment. Non-enrollees at Tripler AMC who received care at a MTF were the most likely (10 percent) to wait more than 30 days for an appointment.
- In Region 12, MTF patients (29 to 32 percent) are more likely than CTF patients (8 to 13 percent) to wait more than 30 minutes to see a provider. The TRICARE standard for office waiting periods is 30 minutes. For all types of patients, long office waits were less common at Tripler AMC than they were outside of the catchment area.
- Twenty-seven percent of patients in Region 12 reported that they had never tried to use a MTF. Other frequently cited reasons for not receiving care at a military facility are the higher quality of care at civilian facilities (30 percent), the difficulty of making appointments at a MTF (28 percent), and the distance from a MTF (19 percent). For people outside of the Region 12 catchment area, distance is the most common barrier to MTF use (79 percent).

Knowledge of TRICARE

- Only 25 percent of beneficiaries in Region 12 reported having no knowledge of TRICARE. Beneficiaries at Tripler AMC (24 percent) were less likely than those living outside of the catchment area (46 percent) to have no knowledge of TRICARE Prime.
- In Region 12, active duty personnel (13 percent) were the least likely to have unclear information about enrolling in TRICARE Prime, while retirees age 65 or over were the most likely (28 percent). Active duty personnel at Tripler AMC (13 percent) were less likely than those outside of the catchment area (20 percent) to have unclear information about enrolling in TRICARE Prime.
- In Region 12, beneficiaries who reported knowing at least a little about TRICARE most frequently cited the following as sources of information about TRICARE: information packages mailed to beneficiaries (63 percent), a TRICARE presentation (52 percent), and a visit to the TRICARE service center (30 percent).

Source of Care

- In Region 12, 7 percent of active duty beneficiaries used a military pharmacy to fill a prescription written by a civilian provider. The same is true for 22 percent of active duty family members and 27 to 42 percent of retirees, survivors, and family members. Beneficiaries at Tripler AMC were more likely than their counterparts outside the catchment area to use a military pharmacy to fill a civilian prescription.
- In Region 12, 97 percent of active duty personnel use a MTF for their regular source of care, as do 92 percent of active duty family members, and 37 to 41 percent of retirees, survivors, and family members. MTF use is much more common at Tripler AMC than it is outside of the catchment area.

Use of Care

- In the 12 months preceding the survey, TRICARE Prime enrollees in Region 12 who used MTFs were more likely to have six or more outpatient visits (40 percent) than those who used CTFs (17 percent). MTF patients at Tripler AMC were more likely than MTF patients outside of the catchment area to have six or more outpatient visits. In contrast, CTF patients at Tripler AMC were less likely than those outside of the catchment area to have six or more outpatient visits.
- MTF patients at Tripler AMC were more likely than MTF patients outside of the catchment area to have at least one outpatient visit. In contrast, CTF patients at Tripler AMC were less likely than those outside of the catchment area to have at least one outpatient visit.

Preventive Care

- Nearly all MHS beneficiaries (95 to 97 percent) had a blood pressure screening in the past two years, as did 91 to 99 percent of beneficiaries in Region 12. All of these results exceed the civilian Healthy People 2000 goal of 90 percent. At Tripler AMC and outside of the catchment area, over 90 percent of every type of beneficiary had a blood pressure screening in the past two years.
- In Region 12, non-active duty beneficiaries enrolled in TRICARE Prime (67 percent) were the least likely to have had a cholesterol screening in the past five years, while non-enrollees age 65 or over (93 percent) were the most likely. The Healthy People 2000 goal for adults is 75 percent.
- In Region 12, 81 percent of female beneficiaries age 50 or over had a breast cancer screening in the past two years. This result exceeds the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent. The rate of breast screening at Tripler AMC (80 percent) is virtually the same as the rate outside of the catchment area (81 percent).
- Among female beneficiaries in Region 12, non-active duty personnel enrolled in TRICARE Prime (94 percent) were the most likely to have had a Pap smear in the past three years, while non-enrollees age 65 or over (80 percent) were the least likely. All of these results exceed the Healthy People 2000 goal for adults (75 percent) and the civilian benchmark of 56 percent.
- Ninety-four percent of the female beneficiaries in Region 12 who were pregnant at some point during the year preceding the survey received prenatal care during the first trimester. This result exceeds the Healthy People 2000 goal of 90 percent and the 76 to 84 percent observed in the civilian sector.
- In Region 12, between 60 and 76 percent of male beneficiaries age 50 or over had a prostate screening in the past two years. The American Cancer Society recommends an annual prostate exam for men age 50 or over.

Enrollment and Beneficiary Health Status

- Of the beneficiaries in Region 12 who reported knowing at least a little about TRICARE, 71 percent are enrolled in TRICARE Prime. This is greater than the level of enrollment in the average mature TRICARE region (53 percent). The level of enrollment in TRICARE Prime is higher at Tripler AMC (72 percent) than it is outside of the catchment area (46 percent).
- In Region 12, between 48 and 56 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. The result of 56 percent among non-active duty enrollees indicates that this group is slightly less healthy than civilians of the same age.

PAGE IS INTENTIONALLY LEFT BLANK TO ALLOW FOR DOUBLE-SIDED COPYING

Chapter

1

Introduction

The Health Care Survey of DoD Beneficiaries (HCSDB) is a survey of a large, randomly selected and representative sample of U.S. Department of Defense (DoD) health care beneficiaries. Conducted annually since 1995 and sponsored by the Office of the Assistant Secretary of Defense (Health Affairs) [OASD(HA)], the survey is conducted under the authority of the National Defense Authorization Act for Fiscal Year 1993 (P.L. 102-484).

This document is one of a series of reports on the 1997 HCSDB. This chapter outlines the basic framework of the survey, how to use its findings, and findings of note.

Research Questions

The HCSDB is designed to answer the following five questions:

- How *satisfied* are DoD beneficiaries with their health care?
- How *accessible* is health care at military and civilian facilities?
- How *knowledgeable* are beneficiaries about TRICARE and TRICARE Prime, and what are the sources of information about TRICARE?
- What health care *services* do beneficiaries use, and what are the *sources* of those services?
- How much, and what types of, *preventive health care* do beneficiaries use?

This report presents the key findings of the 1997 HCSDB for adults for catchment areas in Region 12. Lead Agents are encouraged to share the findings with their staff members and each officer responsible for a catchment area in their region. The report is designed to provide relevant information to Lead Agents and medical treatment facility (MTF) commanders to inform their management of issues affecting the military health care system and its facilities.

Reports in the Series

This report is the second in a series of three companion reports for Region 12, which include the following:

- **The 1997 Health Care Survey of DoD Beneficiaries: Key Findings for Region 12.** This report summarizes the key findings for the region. Together with complementary reports on the other 12 TRICARE regions, it serves as an executive summary of the entire study. Each of the 13 reports provides a brief overview of the purpose, background, and methodology of the survey; suggestions on how to use the survey findings; and data exhibits and summaries of findings for each of the five principal research questions listed on page 1.
- **The 1997 Health Care Survey of DoD Beneficiaries: Summary Report on Catchment Areas for Region 12.** This report presents key survey results for each catchment area in the region. The report also contains an executive summary of the purpose and methodology of the survey.
- **The 1997 Health Care Survey of DoD Beneficiaries: Technical Regional Report for Region 12.** This report has three functions. First, it presents a complete and detailed documentation of the survey methodology and is to be used as a reference. Second, it presents a complete set of survey results for the region. Third, it presents key survey results for each catchment area in the region.

Background

Title VII, Subtitle C, of the National Defense Authorization Act for Fiscal Year 1993 directs the U.S. Secretary of Defense to conduct an annual survey of DoD beneficiaries to assess their knowledge and use of the military health care system (MHS) as well as their satisfaction with the system's accessibility and quality of care. In 1993, DoD assigned responsibility for the survey to OASD(HA), which designed the survey in 1994 and sponsored its administration in 1995, 1996, and 1997. Following the 1995 and 1996 surveys, OASD(HA) provided a regional report on the survey findings to each Lead Agent.

In the summer of 1997, OASD(HA) sponsored a re-evaluation of these regional reports. United HealthCare performed the assessment, interviewing several Lead Agents and their staff members and making recommendations to OASD(HA) for future reports. The reports in this 1997 series are based on those recommendations.

How to Interpret the Survey Findings

Focusing on the research questions underlying the HCSDB is the best way to understand and make use of the survey findings. Those questions, outlined on page 1, reflect two sets of variables.

The first set of variables comprises the *outcome* (or dependent) *variables*. These include answers to survey questions on beneficiaries' satisfaction with their health care, barriers to accessing care, knowledge of TRICARE, use of health care and preventive services, and sources of health care.

The second set of variables comprises the *explanatory* (or independent) *variables*, which may help explain differences in one or more of the outcome variables listed above. Exhibit 2.1 in Chapter 2, for example, presents findings on beneficiaries who reported being satisfied with their health care in each catchment area in Region 12. The exhibit addresses the question: "How does the satisfaction of beneficiaries (the outcome variable) differ across catchment areas (the explanatory variables)?" In other words, does the location of beneficiaries in a particular catchment area appear to affect their level of satisfaction?

Throughout the regional and catchment area reports in this series, all exhibits display the outcome variable on the vertical axis (the Y-axis) and the explanatory variables on the horizontal axis (the X-axis). For example, in Exhibit 2.1, the height of a given bar represents the average percentage of beneficiaries who reported being satisfied with their health care in the catchment area indicated on the horizontal axis.

It is important to recognize that the results of any survey are not strictly precise. The statistics presented in this report are *estimates* of the true answers to the research questions, both because the survey is based on a sample, rather than on a census of the entire population in the Defense Enrollment Eligibility Reporting System (DEERS), and because some of the people surveyed chose not to respond. The survey design does, however, allow us to evaluate how precise the estimates are.

The margin of error for estimates based on all beneficiaries or all patients in Region 12 is about 4 percentage points. The margin of error for estimates based on TRICARE Prime enrollees in Region 12 is less than 7 percentage points. The margin of error for estimates based on all beneficiaries or patients in a single catchment area is roughly 4 to 6 percentage points. Estimates based on smaller subgroups, such as pregnant women, may be considerably less precise. The *Technical Report on Region 12* in this series presents a more detailed discussion of these issues, such as standard errors, weighting of the completed questionnaire, and adjusting the data to account for nonrespondents.

Methodology

In September 1997, the Defense Manpower Data Center (DMDC) drew a random sample of DoD beneficiaries from the DEERS database that is representative of all persons in the system as of July 14, 1997. DEERS includes all persons eligible for a MHS benefit: personnel activated for more than 30 days in the Army, Air Force, Navy, Marine Corps, Coast Guard, Commissioned Corps of the Public Health Service, National Oceanic and Atmospheric Administration, and National Guard or Reserve, as well as other special categories of people who qualify for health benefits. DEERS covers active duty personnel and their families as well as retirees and their family members.

In November and December 1997, Data Recognition Corporation mailed the survey questionnaire to 156,388 adults and 30,253 parents of sampled beneficiaries under age 18. Of the adult questionnaires, 78,857 were completed and returned by the due date of March 31, 1998, for a response rate of 50.8 percent. Of the child questionnaires, 14,293 were completed and returned by the due date, for a response rate of 47.4 percent.

Both the adult questionnaire (Form A) and the child questionnaire (Form C) include a variety of survey questions designed to answer the five research questions listed on page 1, although the child questionnaire covers them in somewhat less detail. The Form A survey questionnaire may be found in Appendix E of the Technical Regional Report.

The sample for Region 12 included 2,047 adults and 2,491 parents of sampled children. Of the adults, 1,121 returned completed questionnaires by the due date, for a response rate of 56.2 percent; 1,189 parents of sampled children did the same, for a response rate of 48.0 percent.

To ensure that the survey results would be representative of the DEERS population, Mathematica Policy Research, Inc. (MPR) adjusted the data to reflect the characteristics of the initial sample and to correct for the sampled individuals who chose not to respond to the survey. The data in this report are therefore estimated to be representative of the population of persons eligible for military health care in Region 12. The survey methodology and analysis are described in detail in "The 1997 Health Care Survey of DoD Beneficiaries (HCSDB): Technical Manual".

The HCSDB in Context with Other Data Sources

The HCSDB, one of several DoD health surveys, is unique in that it provides information that is unavailable from any other DoD health survey. Specifically, the HCSDB is the only survey covering the topics listed on page 1 for *all* DoD beneficiaries. The other DoD health surveys represent only a portion of the beneficiary population. Thus, the HCSDB is the only source of information on these topics for the entire population a Lead Agent or a MTF commander is charged with.

The following summary shows how the HCSDB differs from other DoD data sources:

- **Health Enrollment Assessment Review (HEAR).** The health status findings of the HCSDB are not comparable to those of the HEAR because the surveys represent different populations. The HCSDB represents all MHS beneficiaries as of a single date, July 14, 1997, and their survey responses between December 1997 and March 1998 (for the 1997 HCSDB). In contrast, the HEAR represents those who enrolled in TRICARE during the previous year; the results are considered a part of the patient's medical record as a managed care tool, and are seldom accessible for making generalizations.

New enrollees do not, in general, have the same health status or other characteristics as the population of all beneficiaries. For example, new enrollees are younger, on average, than other beneficiaries, and their health status is therefore different from that of older beneficiaries.

- **MTF Customer Satisfaction Survey.** The HCSDB results on satisfaction are not comparable to the results of the Customer Satisfaction Survey, again because the two surveys represent different populations. The HCSDB results represent the satisfaction of all DoD beneficiaries regardless of the source of care, whereas the Customer Satisfaction Survey results represent the satisfaction of patients, that is, those who visit a MTF or other military clinic. Moreover, the Customer Satisfaction Survey queries its sample members immediately following the person's visits to the MTF or clinic and asks about that specific visit. The results will be significantly different if an individual is generalizing their satisfaction over an extended period, as in the HCSDB, as compared to focusing on a specific visit.
- **Survey of Health-Related Behaviors among Military Personnel (SHRBMP).** The preventive care results of the HCSDB are not comparable to those of the SHRBMP because the two surveys represent different populations. While the HCSDB results represent the preventive care of all DoD beneficiaries, the SHRBMP results represents only active duty personnel. The SHRBMP focuses on specific behaviors that put the active duty member or his family at risk of illness or injury. Further, the HCSDB is annual, while the SHRBMP is fielded once every 18 months to three years.
- **MHS Performance Report Card.** Although several performance measures in the MHS Performance Report Card appear to be the same as certain HSCDB measures, comparing the findings of these two surveys is not meaningful for two reasons. First, the Report Card represents an individual MTF, while the HSCDB represents all beneficiaries in a geographic area such as a region or a catchment area. Second, the Report Card presents secondary data; that is, it reconfigures data from other sources of health care information. Specifically, performance measures that appear to be the same as ones in the HSCDB are, in fact, based on HSCDB data. Other performance measures are based on MTF Customer Satisfaction Survey data or on Standardized Inpatient Data Records.

The Findings in Context with a National Civilian Benchmark

Exhibit 2.1 in the next chapter compares the percentage of DoD beneficiaries who are satisfied with their health care with a national benchmark of civilian satisfaction. The national civilian benchmark is based on the 1997 Household Survey conducted by the Center for Studying Health System Change in Washington, D.C. The Center is a not-for-profit research organization funded by the Robert Wood Johnson Foundation in Princeton, New Jersey. The Household Survey collected data on satisfaction with health care in 1997 from approximately 1,300 families in 60 sites nationally. Satisfaction measures included overall health care, choice of providers, technical quality of care received at last visit, and provider-patient communication.

Preventive Care Standards

Chapter 7 examines the use of preventive care, such as routine physicals and mammography. Beneficiaries' actual use of preventive care is compared to civilian standards, which represent desired goals of preventive care use in the civilian sector. Beneficiaries' actual use of preventive care is also compared to civilian benchmarks, which represent actual preventive care use among civilians.

Most of the civilian standards are based on Healthy People 2000 preventive care goals. The American Cancer Society guideline is used for prostate screening because no standard is given in Healthy People 2000. Civilian benchmarks are based on data published by the National Center for Quality Assurance and the National Center for Health Statistics.

PAGE IS INTENTIONALLY LEFT BLANK TO ALLOW FOR DOUBLE-SIDED COPYING

Chapter

2

Satisfaction with TRICARE and TRICARE Prime

This chapter is designed to answer the question, “How *satisfied* are (DoD) beneficiaries with their health care?” The HCSDB measures satisfaction by asking beneficiaries to rate their military care overall, their civilian care overall, and specific aspects of each type of care using a 5-point scale. For most of the questions, the scale ranges from *excellent* to *poor*. For a few questions, the beneficiary is asked whether or not he or she agrees with a statement about health care. The scale for those questions ranges from *strongly agree* to *strongly disagree*.

The key findings about satisfaction are presented below. A Performance Improvement Plan for each catchment area in Region 12, based on these findings, is included in Chapter 9.

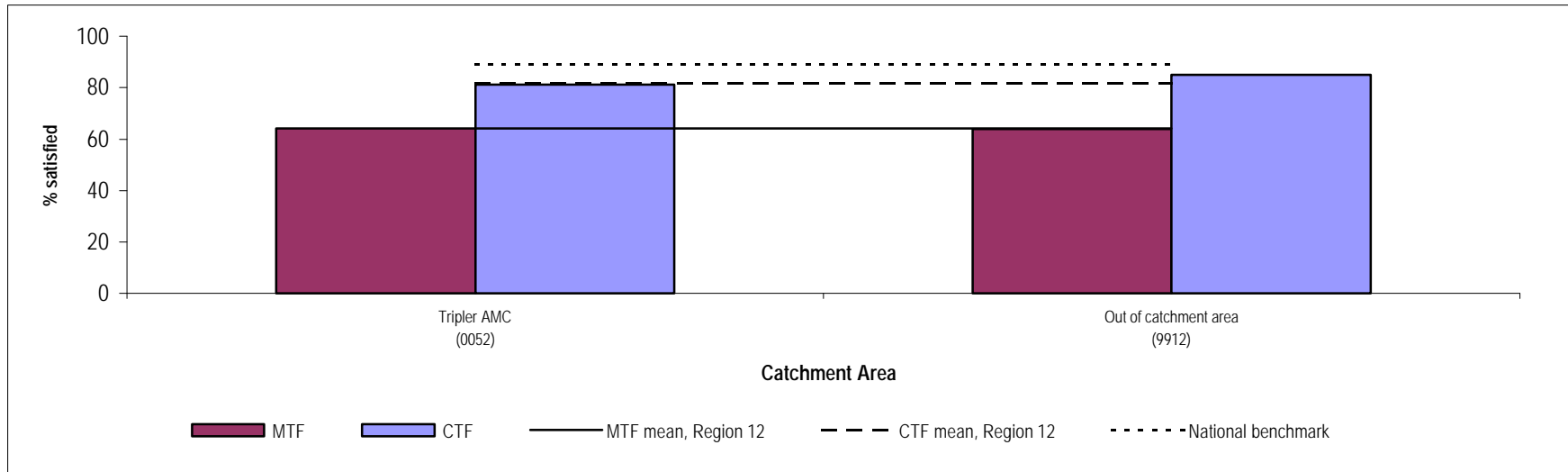
All Beneficiaries Who Received Care in the Past 12 Months

- In Region 12, CTF patients (82 percent) were more likely than MTF patients (64 percent) to be satisfied with their care. Satisfaction with CTF care is greater than satisfaction with MTF care at Tripler AMC and outside of the catchment area. The civilian benchmark for satisfaction with health care is 89 percent, according to the 1997 Household Survey developed by the Center for Studying Health System Change.
- In Region 12, the proportion of enrollees who are satisfied with TRICARE Prime (57 percent) is less than the proportion of patients who are satisfied with MTF care in general (64 percent). Satisfaction with TRICARE Prime is greater at Tripler AMC (57 percent) than it is outside of the catchment area (50 percent).
- Satisfaction with civilian care in Region 12 (56 to 88 percent) is greater than satisfaction with military care (55 to 78 percent) among all types of beneficiaries except active duty personnel. This region wide pattern is observed at Tripler AMC.

Enrolled Beneficiaries

- Of the beneficiaries in Region 12 who reported being enrolled in TRICARE Prime, most (60 to 80 percent) plan to re-enroll in the next 12 months. Of those not enrolled in TRICARE Prime, those under age 65 (20 percent) were more likely than those over age 65 (7 percent) to enroll. Outside of the Region 12 catchment area, only 46 percent of active duty enrollees plan to re-enroll.
- In Region 12, TRICARE Prime enrollees who have a military PCM are just as likely to be satisfied with their care (57 percent) as those with a civilian PCM. Satisfaction among enrollees with a military PCM is greater at Tripler AMC (57 percent) than it is outside of the catchment area (39 percent).

2.1 Patients Satisfied with the Care They Received at a Military (MTF) or Civilian (CTF) Treatment Facility, by Catchment Area and Compared to a National Civilian Benchmark



Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

Sample size: 1,383

Vertical axis:

The percent of the sample who "strongly agree" or "agree" they are satisfied with the care they received

Survey questions: 51a and 66a

What the exhibit shows:

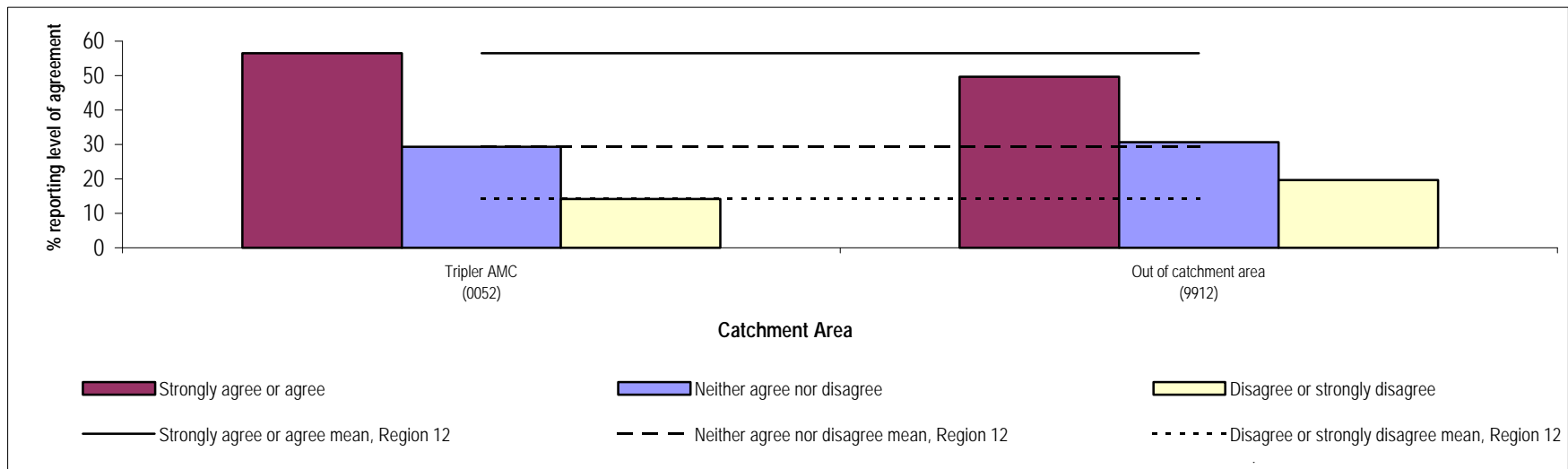
- How satisfaction with care varies across catchment areas in Region 12
- How satisfaction at MTFs compares to that at CTFs
- How MHS satisfaction rates compare to a national benchmark for civilians' satisfaction

Findings:

Beneficiaries who received some care at a MTF or CTF or both during the 12 months preceding the survey are referred to as patients throughout this report. In Region 12, CTF patients (82 percent) were more likely than MTF patients (64 percent) to be satisfied with their care. The civilian benchmark for satisfaction with health care is 89 percent, according to the 1997 Household Survey developed by the Center for Studying Health System Change.

Satisfaction with CTF care is greater than satisfaction with MTF care at Tripler AMC and outside of the catchment area.

2.2 TRICARE Prime Enrollees' Levels of Satisfaction with TRICARE Prime, by Catchment Area



Population:

Beneficiaries enrolled in TRICARE Prime, including both those who received care in the 12 months preceding their survey response and those who did not

Sample size: 5,236

Vertical axis:

The percent of the sample reporting a given level of satisfaction

Survey question: 82a

What the exhibit shows:

- How satisfied TRICARE Prime enrollees are with the care they receive
- How satisfaction levels vary across catchment areas

Findings:

In Region 12, 57 percent of TRICARE Prime enrollees reported being satisfied with the care they received, while 14 percent reported being dissatisfied. The proportion of enrollees who are satisfied with TRICARE Prime (57 percent) is less than the proportion of patients who are satisfied with MTF care in general (64 percent). This result applies to Tripler AMC as well as outside of the catchment area.

The percentage of enrollees satisfied with TRICARE Prime is higher at Tripler AMC (57 percent) than it is outside of the catchment area (50 percent).

2.3 Percent of Patients Satisfied with the Military or Civilian Care They Received in Each Catchment Area, by Type of Beneficiary

Catchment Area	Population	Type of Beneficiary							
		Active Duty Personnel		Active Duty Family Members		Retirees, Survivors, and Family Under Age 65		Retirees, Survivors, and Family Age 65 or Over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
Tripler AMC (0052)	91,896	67.6	54.6	54.8	85.3	67.8	83.7	79.0	88.0
Out/Area-Reg 12 (HI) (9912)	3,734	72.9	75.6	69.0	76.9	54.2	83.3	65.6	90.3
Region 12 Overall	95,630	67.6	55.5	54.9	85.0	67.5	83.6	78.2	88.3
MHS Average	5,539,478	57.1	74.4	55.8	80.6	61.5	83.3	63.1	85.1

Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

Sample size: 1,383

Survey questions: 51a and 66a

What the exhibit shows:

- Whether some patients are more satisfied with their care than others
- Whether satisfaction varies by type of facility
- How findings vary across catchment areas

Findings:

Satisfaction with civilian care in Region 12 is greater than satisfaction with military care among all types of beneficiaries except active duty personnel. Between 55 and 78 percent of beneficiaries are satisfied with MTF care, compared with 56 to 88 percent who are satisfied with CTF care. Active duty personnel are less satisfied with CTF care than are other types of beneficiaries.

At Tripler AMC, active duty personnel are more satisfied with MTF care than they are with CTF care, while all other types of beneficiaries are more satisfied with CTF care. Note, though, that at Tripler AMC, the sample of active duty CTF patients is too small to yield an accurate estimate of satisfaction. Also, outside of the catchment area, the sample of active duty family members who receive MTF care is prohibitively small.

2.4a Percent of Beneficiaries Likely to Enroll or Re-enroll in TRICARE Prime in Each Catchment Area, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Tripler AMC (0052)	73,337	59.7	80.7	19.5	7.9
Out/Area-Reg 12 (HI) (9912)	2,159	46.2	65.6	21.2	3.5
Region 12 Overall	75,496	59.7	80.3	19.6	7.4
MHS Average	3,803,675	51.4	69.4	16.8	4.5

Population:

Beneficiaries reporting knowing at least a little about TRICARE

Sample size: 1,011

Survey question: 83

What the exhibit shows:

- Whether beneficiaries are likely to enroll or re-enroll in TRICARE Prime
- How that likelihood varies by enrollment status and type of enrollee
- How findings vary across catchment areas

Findings:

Of the beneficiaries in Region 12 who reported being enrolled in TRICARE Prime, active-duty enrollees (60 percent) were less likely than non-active duty enrollees (80 percent) to re-enroll in the next 12 months. Of the beneficiaries who were not enrolled in TRICARE Prime but reported knowing at least a little about TRICARE, those under age 65 (20 percent) were more likely than those age 65 or over (7 percent) to enroll in the next 12 months.

These region-wide patterns also apply to Tripler AMC -- enrollees are likely to re-enroll and non-enrollees, particularly older ones, are unlikely to enroll. Outside of catchment areas, however, only 46 percent of active duty enrollees plan to re-enroll.

2.4b Percent of Beneficiaries Unlikely to Enroll or Re-enroll in TRICARE Prime in Each Catchment Area, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Tripler AMC (0052)	73,337	22.1	8.9	63.6	74.2
Out/Area-Reg 12 (HI) (9912)	2,159	36.5	10.5	51.6	87.3
Region 12 Overall	75,496	22.2	9.0	62.8	75.6
MHS Average	3,803,675	25.4	17.2	58.6	77.6

Population:

Beneficiaries reporting knowing at least a little about TRICARE

Sample size: 1,011

Survey question: 83

What the exhibit shows:

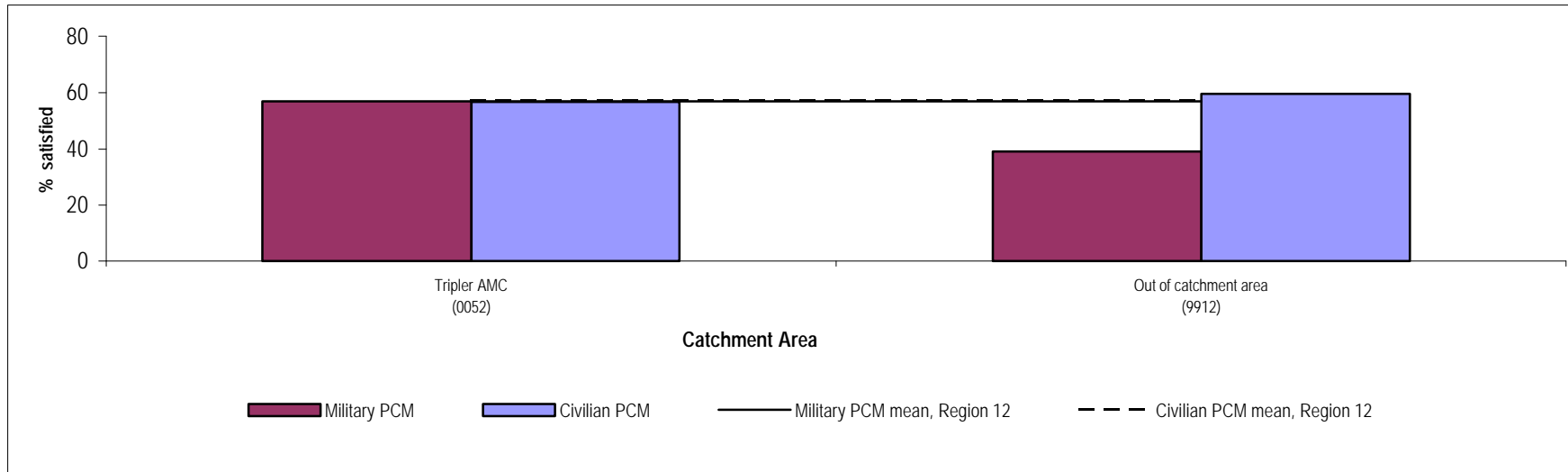
- Whether beneficiaries are likely to enroll or re-enroll in TRICARE Prime
- How that likelihood varies by enrollment status and type of enrollee
- How findings vary across catchment areas

Findings:

Of the active duty beneficiaries in Region 12 who reported being enrolled in TRICARE Prime, 22 percent do not plan to re-enroll in the next 12 months. This result is surprising, as active duty personnel are required to enroll in TRICARE Prime.

The percentage of active duty enrollees who do not plan to re-enroll is higher outside of the catchment area (37 percent) than it is at Tripler AMC (22 percent).

2.5 TRICARE Prime Enrollees Satisfied with Their Care in Each Catchment Area, by Type of Primary Care Manager



Population:

Beneficiaries enrolled in TRICARE Prime

Sample size:

636

Vertical axis:

The percent of the sample reporting they either "strongly agree" or "agree" they are satisfied with the health care they receive under TRICARE Prime

Survey questions:

79 and 82a

What the exhibit shows:

- Whether enrollees' satisfaction with TRICARE Prime varies by type of PCM
- How findings vary across catchment areas

Findings:

In Region 12, TRICARE Prime enrollees who have a military PCM are just as likely to be satisfied with their care (57 percent) as those with a civilian PCM. Satisfaction among enrollees with a military PCM is greater at Tripler AMC (57 percent) than it is outside of the catchment area (39 percent). Note that at Tripler AMC, the sample of enrollees with a civilian PCM is too small to yield accurate estimates of satisfaction.

PAGE IS INTENTIONALLY LEFT BLANK TO ALLOW FOR DOUBLE-SIDED COPYING

Chapter

3

Access to Health Care

This chapter is designed to address the question, “How *accessible* is health care at military and civilian facilities to DoD beneficiaries?” Indicators of accessibility include:

- The number of beneficiaries who used an emergency room in lieu of their usual source of care because the facility they typically use was not available
- The number of days between calling to make an appointment and the appointment itself
- The length of office waits
- The reasons beneficiaries choose not to use military care are furnished to indicate areas for improvement.

The key findings are:

- Of the beneficiaries in Region 12 who used an ER in the past 12 months, active duty personnel enrolled in TRICARE Prime (10 percent) were the least likely to report using the ER because they could not get an appointment with their usual health care provider. Between 20 and 22 percent of other types of beneficiaries resorted to ER use for that reason. Outside of the Region 12 catchment area, the rate of ER use in lieu of a regular appointment was below the regional average among all types of beneficiaries.
- In Region 12, very few patients (2 to 10 percent) wait more than 30 days for a routine care appointment, regardless of TRICARE Prime enrollment status or source of care. A 30-day wait is the TRICARE standard for a routine care appointment. Non-enrollees at Tripler AMC who received care at a MTF were the most likely (10 percent) to wait more than 30 days for an appointment.
- In Region 12, MTF patients (29 to 32 percent) are more likely than CTF patients (8 to 13 percent) to wait more than 30 minutes to see a provider. The TRICARE standard for office waiting periods is 30 minutes. For all types of patients, long office waits were less common at Tripler AMC than they were outside of the catchment area.
- Twenty-seven percent of patients in Region 12 reported that they had never tried to use a MTF. Other frequently cited reasons for not receiving care at a military facility are the higher quality of care at civilian facilities (30 percent), the difficulty of making appointments at a MTF (28 percent), and the distance from a MTF (19 percent). For people outside of the Region 12 catchment area, distance is the most common barrier to MTF use (79 percent).

3.1 Percent of Beneficiaries Who Used an Emergency Room in Lieu of a Regular Appointment in Each Catchment Area, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Tripler AMC (0052)	41,519	10.0	19.9	20.9	22.4
Out/Area-Reg 12 (HI) (9912)	1,478	4.3	16.6	13.9	15.0
Region 12 Overall	42,996	9.9	19.8	20.3	21.6
MHS Average	2,476,397	17.8	21.6	16.2	12.6

Population:

All beneficiaries who reported using an ER in the past 12 months

Sample size: 668

Survey question: 33

What the exhibit shows:

- Whether beneficiaries have used an ER because they could not obtain an appointment from their usual provider
- How such ER use varies by enrollment status and type of enrollee
- How the findings vary across catchment areas

Findings:

Of the beneficiaries in Region 12 who used an ER in the past 12 months, active duty personnel enrolled in TRICARE Prime (10 percent) were the least likely to report using the ER because they could not get an appointment with their usual health care provider. Between 20 and 22 percent of other types of beneficiaries resorted to ER use for that reason.

Outside of the Region 12 catchment area, the rate of ER use in lieu of a regular appointment was below the regional average among all types of beneficiaries. Note, though, that the sample of active duty enrollees living outside of catchment areas is too small to yield an accurate estimate.

3.2 Percent of Patients Who Waited More Than 30 Days to Get an Appointment for Routine Care in Each Catchment Area, by Enrollment Status and Source of Care

Catchment Area	Population	Enrolled in TRICARE Prime		Not Enrolled in TRICARE Prime	
		MTF	CTF	MTF	CTF
Tripler AMC (0052)	91,896	6.1	1.4	10.2	6.5
Out/Area-Reg 12 (HI) (9912)	3,734	8.9	3.0	3.4	7.8
Region 12 Overall	95,630	6.1	1.5	10.1	6.7
MHS Average	5,539,478	5.7	5.1	12.8	9.0

Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

Sample size: 1,383

Survey questions: 50a and 65a

What the exhibit shows:

- How waiting periods to get an appointment for routine care at MTFs compare to those at CTFs
- Whether waiting periods vary by enrollment status in TRICARE Prime
- How findings vary across catchment areas

Findings:

In Region 12, very few patients (2 to 10 percent) wait more than 30 days for a routine care appointment, regardless of TRICARE Prime enrollment status or source of care. A 30-day wait is the TRICARE standard for a routine care appointment.

Non-enrollees at Tripler AMC who received care at a MTF were the most likely (10 percent) to wait more than 30 days for an appointment. Note that, outside of the catchment area, the sample of non-enrollees who received care at a MTF is too small to yield an accurate estimate.

3.3 Percent of Patients Who Waited More Than 30 Minutes in a Provider's Office in Each Catchment Area, by Enrollment Status and Source of Care

Catchment Area	Population	Enrolled in TRICARE Prime		Not Enrolled in TRICARE Prime	
		MTF	CTF	MTF	CTF
Tripler AMC (0052)	91,896	29.3	12.5	31.5	6.1
Out/Area-Reg 12 (HI) (9912)	3,734	37.1	18.7	41.3	18.2
Region 12 Overall	95,630	29.4	12.9	31.8	7.8
MHS Average	5,539,478	32.1	17.3	32.7	16.1

Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

Sample size: 1,383

Survey questions: 48 and 63

What the exhibit shows:

- How office waiting periods at MTFs compare to those at CTFs
- How waiting periods vary by enrollment status in TRICARE Prime
- How findings vary across catchment areas

Findings:

In Region 12, MTF patients (29 to 32 percent) are more likely than CTF patients (8 to 13 percent) to wait more than 30 minutes to see a provider. The TRICARE standard for office waiting periods is 30 minutes.

For all types of patients, long office waits were less common at Tripler AMC than they were outside of the catchment area. Note that, the sample of non-enrollees who received care at a MTF outside the catchment area is too small to yield an accurate estimate.

3.4 Percent of Patients Reporting Selected Reasons for Not Relying on a Military Facility for Most of Their Care, by Catchment Area

Catchment Area	Population	Reasons Reported											
		Never try to use MTF	No care needed in past 12 months	MTF is too far away	Hard to get an appointment at MTF	Can't see the same provider each visit	MTF usually used is closed	Needed services not available	Better care at civilian provider	Ineligible for military care	No appt. avail. for beneficiary like me	Difficult to find a parking space	Other
Tripler AMC (0052)	22,389	28.7	13.4	9.0	31.4	19.5	0.9	10.1	32.5	5.2	11.9	6.0	24.2
Out/Area-Reg 12 (HI) (9912)	3,693	20.0	9.9	78.7	9.7	5.2	1.1	5.5	13.5	5.4	4.1	0.5	14.8
Region 12 Overall	26,083	27.4	12.9	18.8	28.3	17.4	0.9	9.4	29.8	5.3	10.8	5.2	22.9
MHS Average	3,467,507	26.4	11.7	37.1	27.0	15.9	10.5	12.3	23.3	7.3	12.5	2.2	16.7

Population:

Beneficiaries who received some care from a MTF but most of their care from a CTF during the 12 months preceding their survey response

Sample size: 620

Survey question: 56

What the exhibit shows:

- Why patients who reported getting most of their care from a civilian facility chose to do so
- How findings vary across catchment areas

Findings:

Twenty-seven percent of patients in Region 12 reported that they had never tried to use a MTF. Other frequently cited reasons for not receiving care at a military facility are the higher quality of care at civilian facilities (30 percent), the difficulty of making appointments at a MTF (28 percent), and the distance from a MTF (19 percent).

For people outside of the Region 12 catchment area, the distance from a MTF is the most common barrier (79 percent).

PAGE IS INTENTIONALLY LEFT BLANK TO ALLOW FOR DOUBLE-SIDED COPYING

Chapter

4

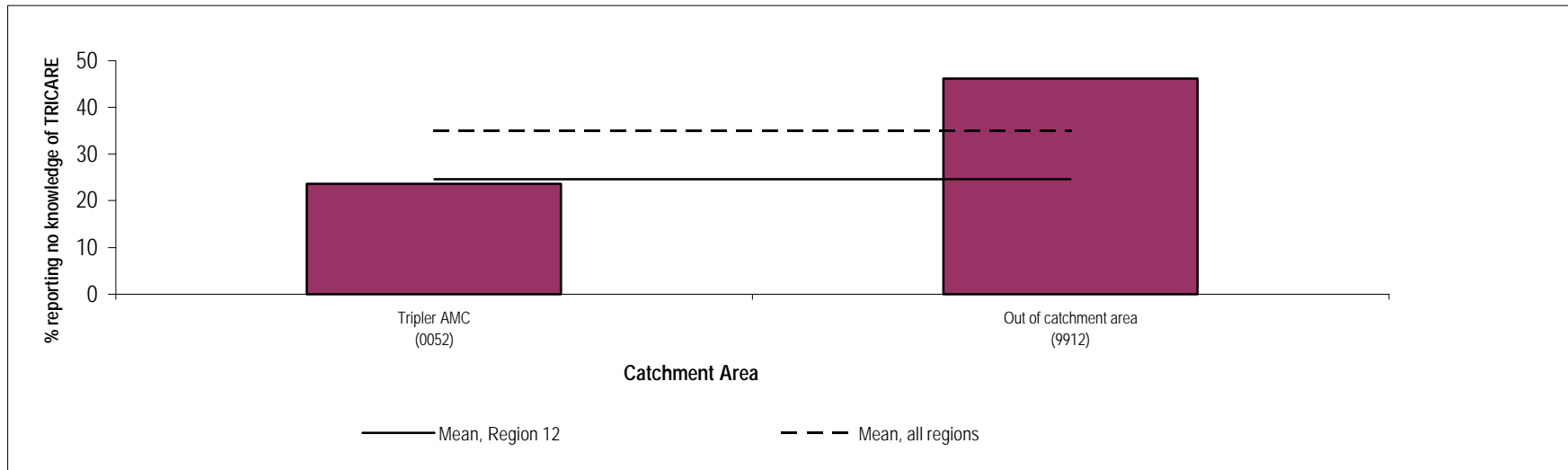
Knowledge of TRICARE and TRICARE Prime

This chapter is designed to address the question, “How *knowledgeable* are beneficiaries about TRICARE, and what *sources of information* about TRICARE do beneficiaries use?” The HCSDB assesses beneficiary knowledge of TRICARE in three ways. First, it asks beneficiaries to assess the level of their knowledge about TRICARE using a 4-point scale ranging from *a great deal* to *nothing*. Second, it asks beneficiaries to rate the clarity of their information about TRICARE using a 5-point scale ranging from *very clear* to *very unclear*. Third, it asks beneficiaries to indicate the sources of their information about TRICARE.

The key findings are:

- Only 25 percent of beneficiaries in Region 12 reported having no knowledge of TRICARE. Beneficiaries at Tripler AMC (24 percent) were less likely than those living outside of the catchment area (46 percent) to have no knowledge of TRICARE Prime.
- In Region 12, active duty personnel (13 percent) were the least likely to have unclear information about enrolling in TRICARE Prime, while retirees age 65 or over were the most likely (28 percent). Active duty personnel at Tripler AMC (13 percent) were less likely than those outside of the catchment area (20 percent) to have unclear information about enrolling in TRICARE Prime.
- In Region 12, beneficiaries who reported knowing at least a little about TRICARE most frequently cited the following as sources of information about TRICARE: information packages mailed to beneficiaries (63 percent), a TRICARE presentation (52 percent), and a visit to the TRICARE service center (30 percent).

4.1 Beneficiaries' Levels of Knowledge of TRICARE, by Catchment Area



Population:

All beneficiaries

Sample size: 1,499

Vertical axis:

The percent of the sample reporting no knowledge of TRICARE

Survey question: 71

What the exhibit shows:

- What percent of beneficiaries in the MHS and in Region 12 have no knowledge of TRICARE
- How this percentage varies across catchment areas

Findings:

Only 25 percent of beneficiaries in Region 12 reported having no knowledge of TRICARE. Beneficiaries at Tripler AMC (24 percent) were much less likely than those living outside of the catchment area (46 percent) to have no knowledge of TRICARE Prime.

4.2 Percent of Beneficiaries in Each Catchment Area With Unclear Information about Enrolling in TRICARE Prime, by Type of Beneficiary

Catchment Area	Population	Type of Beneficiary			
		Active Duty Personnel	Active Duty Family Members	Retirees, Survivors, and Family Under Age 65	Retirees, Survivors, and Family Age 65 or Over
Tripler AMC (0052)	73,337	12.6	17.8	16.4	27.8
Out/Area-Reg 12 (HI) (9912)	2,159	20.4	16.8	33.5	27.6
Region 12 Overall	75,496	12.6	17.8	17.8	27.8
MHS Average	3,803,675	29.9	26.1	37.1	47.1

Population:

Beneficiaries reporting knowing at least a little about TRICARE

Sample size: 1,011

Survey question: 73a

What the exhibit shows:

- The percentage of beneficiaries that have unclear information about enrolling in TRICARE Prime
- How the findings vary by type of beneficiary
- How the findings vary across catchment areas

Findings:

Among beneficiaries in Region 12 who reported knowing at least a little about TRICARE, active duty personnel (13 percent) were the least likely to have unclear information about enrolling in TRICARE Prime. Retirees, survivors, and their family members age 65 or over were the most likely (28 percent) to have unclear information.

Active duty personnel at Tripler AMC (13 percent) were less likely than those outside of the catchment area (20 percent) to have unclear information about enrolling in TRICARE Prime.

4.3 Percent of Beneficiaries Reporting Selected Sources of Information about TRICARE, by Catchment Area

Catchment Area	Population	Sources of Information Used										
		TRICARE presentation	Information package	Military doctor	Civilian doctor	TRICARE information number	Military base newspaper	Regional newspaper	Friends and neighbors	TRICARE Service Center	Radio/TV	Other
Tripler AMC (0052)	73,337	52.6	63.1	22.3	2.7	15.5	23.8	4.4	26.7	30.2	2.1	19.2
Out/Area-Reg 12 (HI) (9912)	2,159	15.0	65.5	8.9	5.9	25.0	8.1	3.7	12.7	6.6	1.1	25.6
Region 12 Overall	75,496	51.5	63.2	22.0	2.8	15.8	23.3	4.4	26.3	29.5	2.0	19.4
MHS Average	3,803,675	33.2	56.5	15.2	4.4	16.4	30.8	7.2	25.4	20.6	2.4	23.4

Population:

Beneficiaries reporting knowing at least a little about TRICARE

Sample size: 1,011

Survey question: 72

What the exhibit shows:

- The sources of information about TRICARE that beneficiaries use
- Which information sources are most commonly used in each catchment area

Findings:

In Region 12, beneficiaries who reported knowing at least a little about TRICARE most frequently cited the following as sources of information about TRICARE: information packages mailed to beneficiaries (63 percent), a TRICARE presentation (52 percent), and a visit to the TRICARE service center (30 percent).

Beneficiaries who live outside of the catchment area were more likely than those at Tripler AMC to receive information via the TRICARE information number, but less likely to receive information through most other sources.

Chapter

5

Source of Health Care

This chapter is designed to address the question, “What health care *services* do beneficiaries use, and what are the *sources* of those services?” The HCSDB asks about pharmacy use as well as sources of health care.

The key findings are:

- In Region 12, 7 percent of active duty beneficiaries used a military pharmacy to fill a prescription written by a civilian provider. The same is true for 22 percent of active duty family members and 27 to 42 percent of retirees, survivors, and family members. Beneficiaries at Tripler AMC were more likely than their counterparts outside the catchment area to use a military pharmacy to fill a civilian prescription.
- In Region 12, 97 percent of active duty personnel use a MTF for their regular source of care, as do 92 percent of active duty family members, and 37 to 41 percent of retirees, survivors, and family members. MTF use is much more common at Tripler AMC than it is outside of the catchment area.

5.1 Percent of Beneficiaries in Each Catchment Area Who Used a Military Pharmacy to Fill Prescriptions Written by a Civilian Provider, by Type of Beneficiary

Catchment Area	Population	Type of Beneficiary			
		Active Duty Personnel	Active Duty Family Members	Retirees, Survivors, and Family Under Age 65	Retirees, Survivors, and Family Age 65 or Over
Tripler AMC (0052)	97,758	7.4	22.1	29.1	43.1
Out/Area-Reg 12 (HI) (9912)	4,147	8.6	7.4	6.5	37.3
Region 12 Overall	101,905	7.4	22.0	26.6	42.4
MHS Average	6,094,167	9.1	24.1	26.7	41.0

Population:

All beneficiaries

Sample size: 1,499

Survey questions: 53

What the exhibit shows:

- Whether beneficiaries use military pharmacies to fill prescriptions written by civilian provider
- How usage varies by the type of beneficiary
- How findings vary across catchment areas

Findings:

In Region 12, 7 percent of active duty beneficiaries used a military pharmacy to fill a prescription written by a civilian provider. The same is true for 22 percent of active duty family members, and 27 to 42 percent of retirees, survivors, and family members.

Beneficiaries at Tripler AMC (active duty excluded) were more likely than their counterparts outside the catchment area to use a military pharmacy to fill a civilian prescription.

5.2 Usual Source of Care for Beneficiaries Who Are Sick or Need Advice, by Catchment Area and by Type of Beneficiary

Catchment Area	Population	Type of Beneficiary											
		Active Duty Personnel			Active Duty Family Members			Retirees, Survivors, and Family Under Age 65			Retirees, Survivors, and Family Age 65 or Over		
		MTF	CTF	Other	MTF	CTF	Other	MTF	CTF	Other	MTF	CTF	Other
Tripler AMC (0052)	86,773	96.8	2.2	1.1	92.6	6.3	1.1	45.2	51.3	3.5	42.1	50.2	7.7
Out/Area-Reg 12 (HI) (9912)	3,806	52.5	45.9	1.6	22.4	74.3	3.3	3.9	88.2	7.9	3.5	89.3	7.1
Region 12 Overall	90,579	96.5	2.4	1.1	92.0	7.0	1.1	40.6	55.4	4.0	37.1	55.3	7.6
MHS Average	5,509,387	90.4	6.8	1.1	70.6	25.2	2.3	27.7	64.1	4.3	14.9	73.1	7.1

Population:

Beneficiaries who reported having a usual source of care

Sample size: 1,372

Survey question: 31

What the exhibit shows:

- Types of facilities from which beneficiaries usually seek care
- How the usual source of care varies by the type of beneficiary
- How findings vary across catchment areas

Findings:

In Region 12, 97 percent of active duty personnel use a MTF for their regular source of care, as do 92 percent of active duty family members, and 37 to 41 percent of retirees, survivors, and family members. MTF use is much more common at Tripler AMC than it is outside of the catchment area.

PAGE IS INTENTIONALLY LEFT BLANK TO ALLOW FOR DOUBLE-SIDED COPYING

Chapter

6

Use of Health Care

This chapter is designed to address the question, “How much health care do MHS beneficiaries use?” Although the HCSDB asked a number of questions about use of care, we report on the amount of care used in terms of a single indicator – the number of outpatient visits in the 12 months prior to the survey.

The key findings are:

- In the 12 months preceding the survey, TRICARE Prime enrollees in Region 12 who used MTFs were more likely to have six or more outpatient visits (40 percent) than those who used CTFs (17 percent). MTF patients at Tripler AMC were more likely than MTF patients outside of the catchment area to have six or more outpatient visits. In contrast, CTF patients at Tripler AMC were less likely than those outside of the catchment area to have six or more outpatient visits.
- MTF patients at Tripler AMC were more likely than MTF patients outside of the catchment area to have at least one outpatient visit. In contrast, CTF patients at Tripler AMC were less likely than those outside of the catchment area to have at least one outpatient visit.

6.1a Percent of Patients in Each Catchment Area Who Had Six or More Outpatient Visits in the Past Year, by Enrollment Status and Source of Care

Catchment Area	Population	Enrolled in TRICARE Prime		Not Enrolled in TRICARE Prime	
		MTF	CTF	MTF	CTF
Tripler AMC (0052)	91,896	40.4	16.0	43.6	34.6
Out/Area-Reg 12 (HI) (9912)	3,734	16.1	34.1	5.6	52.1
Region 12 Overall	95,630	40.2	16.8	41.8	36.9
MHS Average	5,539,478	33.1	28.4	26.1	47.3

Population:

Patients who received some care at a MTF or CTF during the 12 months preceding their survey response

Sample size: 1,383

Survey questions: 46 and 61

What the exhibit shows:

- The percent of patients who had six or more outpatient visits in the past year
- How the visit rates vary by enrollment status and source of care
- How findings vary across catchment areas

Findings:

In the 12 months preceding the survey, TRICARE Prime enrollees in Region 12 who used military facilities were more likely to have six or more outpatient visits (40 percent) than those who used civilian facilities (17 percent). In contrast, among non-enrollees, about 40 percent of both MTF and CTF patients had six or more outpatient visits.

MTF patients at Tripler AMC were more likely than MTF patients outside of the catchment area to have six or more outpatient visits. In contrast, CTF patients at Tripler AMC were less likely than those outside of the catchment area to have six or more outpatient visits.

6.1b Percent of Patients in Each Catchment Area Who Had No Outpatient Visits in the Past Year, by Enrollment Status and Source of Care

Catchment Area	Population	Enrolled in TRICARE Prime		Not Enrolled in TRICARE Prime	
		MTF	CTF	MTF	CTF
Tripler AMC (0052)	91,896	7.1	46.6	21.3	9.2
Out/Area-Reg 12 (HI) (9912)	3,734	31.8	6.3	63.4	3.9
Region 12 Overall	95,630	7.3	44.8	23.3	8.5
MHS Average	5,539,478	9.5	17.9	30.6	5.2

Population:

Patients who received some care at a MTF or CTF during the 12 months preceding their survey response

Sample size: 1,383

Survey questions: 46 and 61

What the exhibit shows:

- The percent of patients who had no outpatient visits in the past year
- How the visit rates vary by enrollment status and source of care
- How findings vary across catchment areas

Findings:

In the 12 months preceding the survey, TRICARE Prime enrollees in Region 12 who used civilian facilities (45 percent) were more likely to have no outpatient visits than those who used military facilities (7 percent). In contrast, among non-enrollees, MTF patients (23 percent) were more likely than CTF patients (9 percent) to have no outpatient visits.

MTF patients at Tripler AMC were more likely than MTF patients outside of the catchment area to have at least one outpatient visit. In contrast, CTF patients at Tripler AMC were less likely than those outside of the catchment area to have at least one outpatient visit.

PAGE IS INTENTIONALLY LEFT BLANK TO ALLOW FOR DOUBLE-SIDED COPYING

Chapter

7

Use of Preventive Services

This chapter is designed to address the question, “How much, and what types of, *preventive health care* do beneficiaries use?” The HCSDB asked all beneficiaries whether they used each of the items in an extensive list of preventive health care services and how long ago the most recent use of care was.

The key findings are:

- Nearly all MHS beneficiaries (95 to 97 percent) had a blood pressure screening in the past two years, as did 91 to 99 percent of beneficiaries in Region 12. All of these results exceed the civilian Healthy People 2000 goal of 90 percent. At Tripler AMC and outside of the catchment area, over 90 percent of every type of beneficiary had a blood pressure screening in the past two years.
- In Region 12, non-active duty beneficiaries enrolled in TRICARE Prime (67 percent) were the least likely to have had a cholesterol screening in the past five years, while non-enrollees age 65 or over (93 percent) were the most likely. The Healthy People 2000 goal for adults is 75 percent.
- In Region 12, 81 percent of female beneficiaries age 50 or over had a breast cancer screening in the past two years. This result exceeds the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent. The rate of breast screening at Tripler AMC (80 percent) is virtually the same as the rate outside of the catchment area (81 percent).
- Among female beneficiaries in Region 12, non-active duty personnel enrolled in TRICARE Prime (94 percent) were the most likely to have had a Pap smear in the past three years, while non-enrollees age 65 or over (80 percent) were the least likely. All of these results exceed the Healthy People 2000 goal for adults (75 percent) and the civilian benchmark of 56 percent.
- Ninety-four percent of the female beneficiaries in Region 12 who were pregnant at some point during the year preceding the survey received prenatal care during the first trimester. This result exceeds the Healthy People 2000 goal of 90 percent and the 76 to 84 percent observed in the civilian sector.
- In Region 12, between 60 and 76 percent of male beneficiaries age 50 or over had a prostate screening in the past two years. The American Cancer Society recommends an annual prostate exam for men age 50 or over.

7.1 Percent of Beneficiaries in Each Catchment Area Who Had Blood Pressure Readings Within the Past Two Years, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Tripler AMC (0052)	97,758	94.6	96.4	90.2	98.7
Out/Area-Reg 12 (HI) (9912)	4,147	95.8	96.8	96.2	99.5
Region 12 Overall	101,905	94.6	96.4	90.9	98.8
MHS Average	6,094,167	97.0	96.3	95.2	97.4

Population:

All beneficiaries

Sample size: 1,499

Survey question: 12

What the exhibit shows:

- Percentage of beneficiaries who had a blood pressure reading in the past two years
- How the findings vary by enrollment status and type of enrollee
- How findings vary across catchment areas

Findings:

Nearly all MHS beneficiaries (95 to 97 percent) had a blood pressure screening in the past two years, as did 91 to 99 percent of beneficiaries in Region 12. All of these results exceed the civilian Healthy People 2000 goal of 90 percent.

At Tripler AMC and outside of the catchment area, over 90 percent of every type of beneficiary had a blood pressure screening in the past two years.

7.2 Percent of Beneficiaries in Each Catchment Area Who Had a Cholesterol Screening Within the Past Five Years, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Tripler AMC (0052)	97,758	86.5	66.8	69.7	92.8
Out/Area-Reg 12 (HI) (9912)	4,147	80.3	78.2	84.3	93.0
Region 12 Overall	101,905	86.5	67.2	71.3	92.8
MHS Average	6,094,167	78.2	72.6	81.1	93.0

Population:

All beneficiaries

Sample size: 1,499

Survey question: 13

What the exhibit shows:

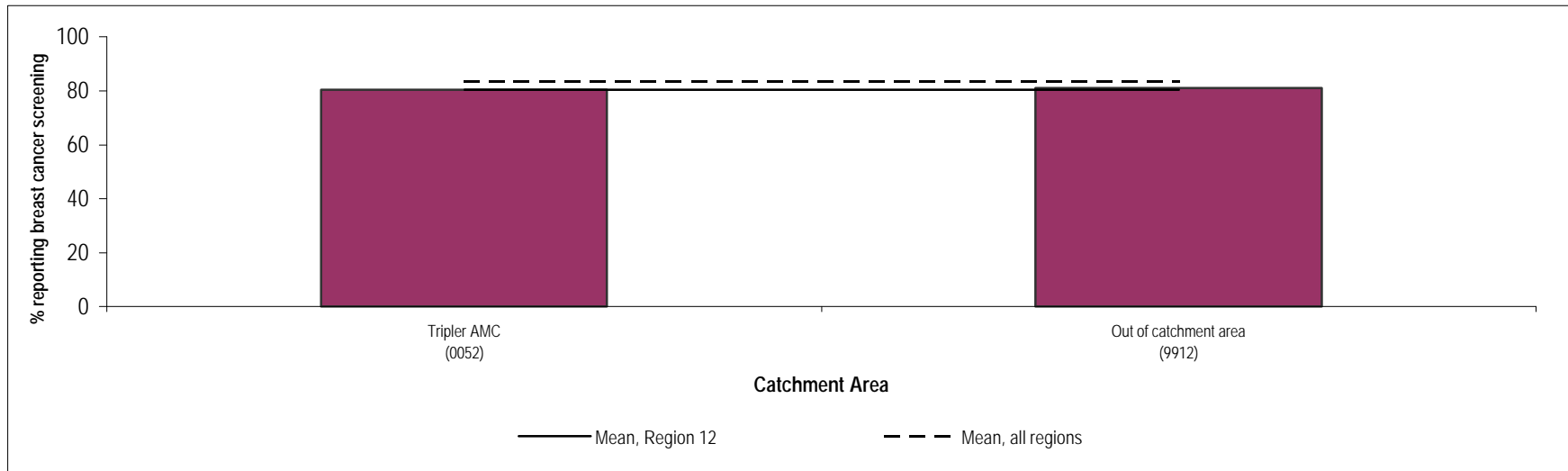
- Percentage of beneficiaries who had a cholesterol screening in the past five years
- How the findings vary by enrollment status and type of enrollee
- How findings vary across catchment areas

Findings:

In Region 12, non-active duty beneficiaries enrolled in TRICARE Prime (67 percent) were the least likely to have had a cholesterol screening in the past five years, while non-enrollees age 65 or over (93 percent) were the most likely. The Healthy People 2000 goal for adults is 75 percent.

Non-enrollees under age 65 at Tripler AMC (70 percent) were less likely than those outside of the catchment area (84 percent) to have had a cholesterol screening in the past five years.

7.3 Breast Cancer Screening


Population:

Female beneficiaries age 50 or over

Sample size: 359

Vertical axis:

The percent of the sample that was “checked by mammography or other X-ray-like procedure” during the two years preceding their survey response

Survey question: 26

What the exhibit shows:

- Percentage of female beneficiaries over age 50 who have had a mammogram or other X-ray-like procedure for breast cancer screening in the past two years
- How the findings vary across catchment areas

Findings:

In Region 12, 81 percent of female beneficiaries age 50 or over had a breast cancer screening in the past two years. This result exceeds the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent.

The rate of breast screening at Tripler AMC (80 percent) is virtually the same as the rate outside of the catchment area (81 percent).

7.4 Percent of Female Beneficiaries in Each Catchment Area Who Had a Pap Smear Within the Past Three Years, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Tripler AMC (0052)	46,748	88.2	94.0	86.7	81.3
Out/Area-Reg 12 (HI) (9912)	1,972	100.0	88.6	82.8	72.7
Region 12 Overall	48,720	88.3	93.9	86.3	80.4
MHS Average	3,013,030	96.0	91.2	85.5	80.3

Population:

All female beneficiaries

Sample size: 762

Survey question: 24

What the exhibit shows:

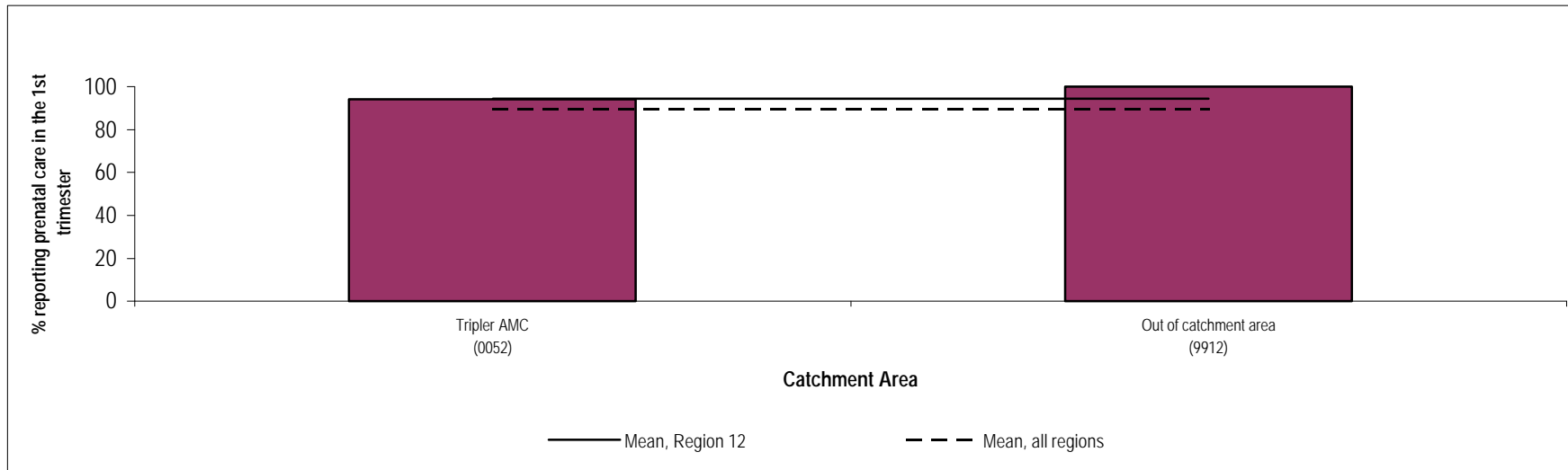
- Percentage of female beneficiaries who have had a Pap smear within three years of their survey response
- How the findings vary by enrollment status and type of enrollee
- How findings vary across catchment areas

Findings:

Among female beneficiaries in Region 12, non-active duty personnel enrolled in TRICARE Prime (94 percent) were the most likely to have had a Pap smear in the past three years, while non-enrollees age 65 or over (80 percent) were the least likely. All of these results exceed the Healthy People 2000 goal for adults (75 percent) and the civilian benchmark of 56 percent.

The sample of female active duty enrollees in Region 12 is too small to yield accurate estimates for individual catchment areas.

7.5 Timing of First Prenatal Care


Population:

Female beneficiaries who were pregnant when they responded to the survey or during the 12 preceding months

Sample size: 60

Vertical axis:

The percent of the sample who reported having received care for their pregnancy from a doctor or other health professional during the first trimester

Survey question: 29

What the exhibit shows:

- Percentage of pregnant beneficiaries who reported having received prenatal care at some point in the first trimester
- How findings vary across catchment areas

Findings:

Ninety-four percent of the female beneficiaries in Region 12 who were pregnant at some point during the year preceding the survey received prenatal care during the first trimester. This result exceeds the Healthy People 2000 goal of 90 percent and the MHS average of 89 percent. In the civilian sector, between 76 and 84 percent of pregnant women receive prenatal care in the first trimester.

The sample of women who were pregnant at some point during the year preceding the survey is too small to yield accurate estimates for individual catchment areas.

7.6 Percent of Male Beneficiaries Age 50 or Over in Each Catchment Area Who Had a Prostate Screening Within the Past Two Years, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Tripler AMC (0052)	10,784	0.0	76.2	59.4	74.0
Out/Area-Reg 12 (HI) (9912)	1,588	0.0	73.3	64.6	78.8
Region 12 Overall	12,373	0.0	75.8	60.0	74.8
MHS Average	1,497,312	68.9	75.1	72.5	84.3

Population:

Male beneficiaries age 50 or over

Sample size: 367

Survey question: 23

What the exhibit shows:

- Percentage of male beneficiaries age 50 or over who had a prostate screening within two years of their survey response
- How the findings vary by enrollment status and type of enrollee
- How findings vary across catchment areas

Findings:

In Region 12, between 60 and 76 percent of male beneficiaries age 50 or over had a prostate screening in the past two years - the sample of enrolled active duty men is too small to yield an accurate estimate for Region 12 as a whole. The American Cancer Society recommends an annual prostate exam for men age 50 or over.

PAGE IS INTENTIONALLY LEFT BLANK TO ALLOW FOR DOUBLE-SIDED COPYING

Chapter

8

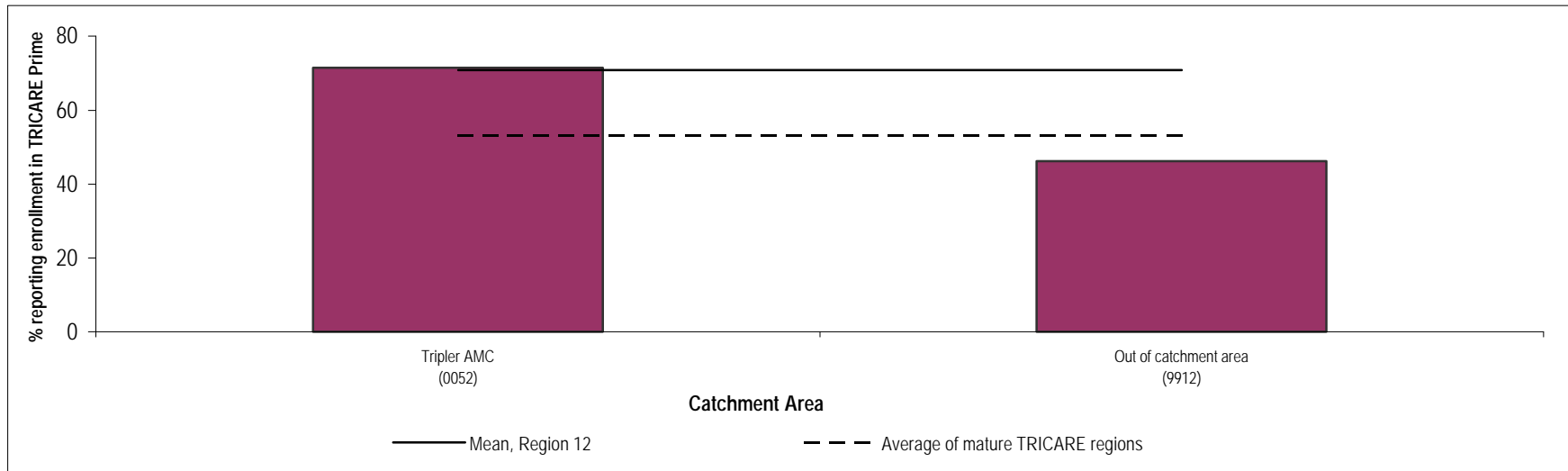
Enrollment and Beneficiary Health Status

This chapter presents findings on two key beneficiary characteristics – enrollment in TRICARE Prime and health status. Health status is based on a battery of 12 questions called the SF-12, which was developed by the Medical Center of New England under a grant from the Henry J. Kaiser Foundation. From the 12 questions, we computed two overall scores for each beneficiary – the composite physical health score and the composite mental health score. Only the former is reported here, and we compared the scores of MHS beneficiaries to the median score for the U.S. population for six age groups (18-34, 35-44, 45-54, 55-64, 65-74, 75+). Here, we report on the percentage of beneficiaries whose composite physical health score is lower than the national median score for their age.

The key findings are:

- Of the beneficiaries in Region 12 who reported knowing at least a little about TRICARE, 71 percent are enrolled in TRICARE Prime. This is greater than the level of enrollment in the average mature TRICARE region (53 percent). The level of enrollment in TRICARE Prime is higher at Tripler AMC (72 percent) than it is outside of the catchment area (46 percent).
- In Region 12, between 48 and 56 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. The result of 56 percent among non-active duty enrollees indicates that this group is slightly less healthy than civilians of the same age.

8.1 Enrollment in TRICARE Prime



Population:

Beneficiaries who reported knowing at least a little about TRICARE

Sample size: 1,011

Vertical axis:

The percent of the sample enrolled in TRICARE Prime as of the time of their survey response

Survey question: 76

What the exhibit shows:

- The proportion of beneficiaries in each catchment area who are enrolled in TRICARE Prime
- How findings for catchment areas in Region 12 compare to the average for Region 12 and to the average for all mature TRICARE regions

Findings:

Of the beneficiaries in Region 12 who reported knowing at least a little about TRICARE, 71 percent are enrolled in TRICARE Prime. This is greater than the level of enrollment in the average mature TRICARE region (53 percent). Mature TRICARE regions (6, 9, 10, 11, and 12) are those that began to implement TRICARE prior to April 1996.

The level of enrollment in TRICARE Prime is higher at Tripler AMC (72 percent) than it is outside of the catchment area (46 percent).

8.2 Percent of Beneficiaries in Each Catchment Area With a Composite Physical Health Score Below the Median Score for the Age Group

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Tripler AMC (0052)	97,758	47.9	56.7	49.1	47.5
Out/Area-Reg 12 (HI) (9912)	4,147	44.3	45.2	52.5	48.8
Region 12 Overall	101,905	47.8	56.4	49.5	47.7
MHS Average	6,094,167	43.3	54.3	54.0	51.5

Population:

All beneficiaries

Sample size: 1,499

Survey questions: 1-7

What the exhibit shows:

- The proportion of beneficiaries in each catchment area whose composite physical health score falls below the median score for the age group
- How the findings vary by enrollment status and type of enrollee

Findings:

In Region 12, between 48 and 56 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. A result near 50 percent means that, in terms of health status, beneficiaries in Region 12 are comparable to their counterparts in the civilian population. The result of 56 percent among non-active duty enrollees indicates that this group is slightly less healthy than civilians of the same age.

PAGE IS INTENTIONALLY LEFT BLANK TO ALLOW FOR DOUBLE-SIDED COPYING

Chapter

9

Performance Improvement Plan

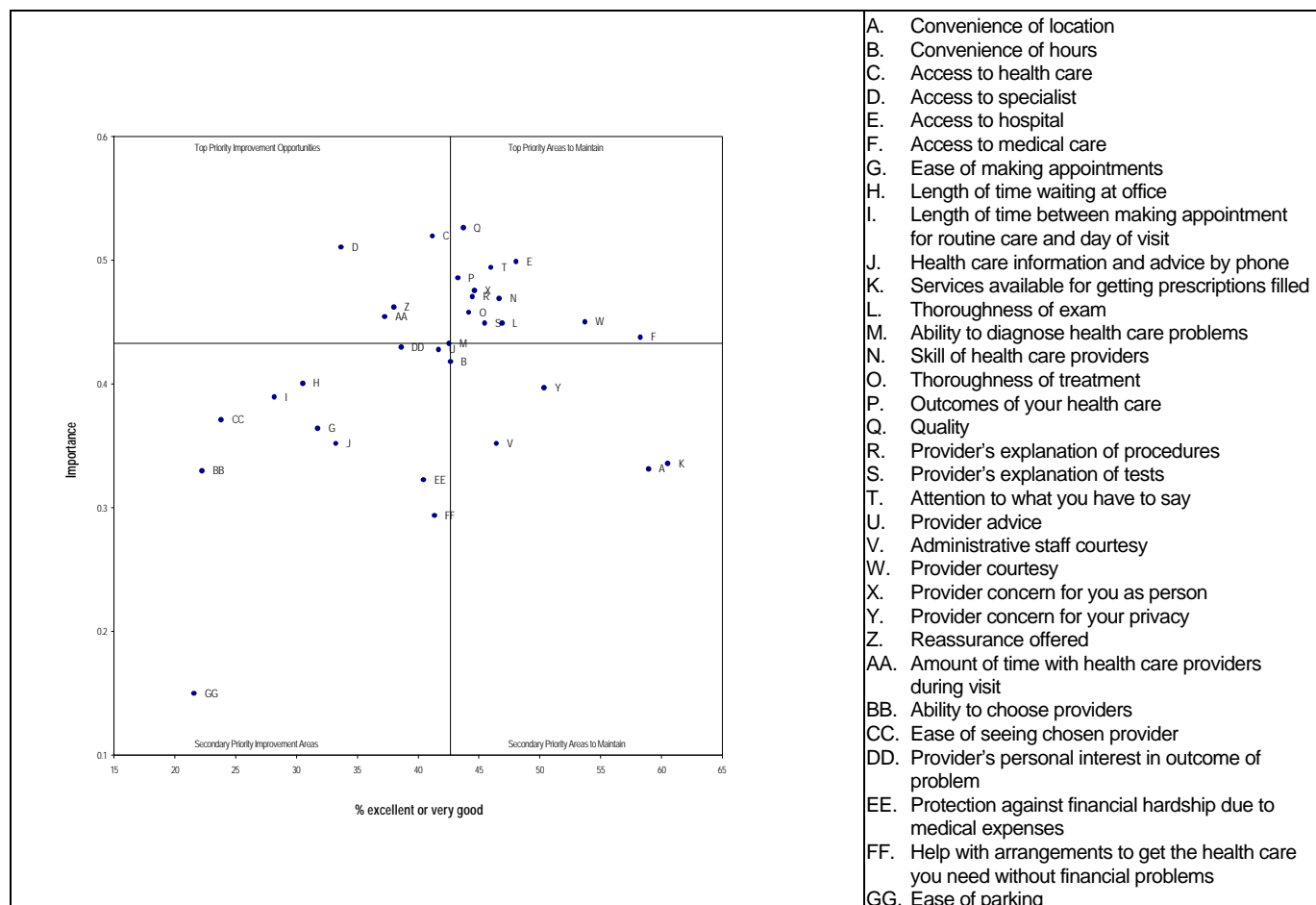
This chapter contains a series of Performance Improvement Plans, one for each catchment area in Region 12. The purpose of each Performance Improvement Plan is to summarize the responses to numerous satisfaction questions in the HCSDB so that the patterns underlying these responses are more easily seen. These patterns help to identify key aspects of services or care that most influence beneficiary satisfaction in the catchment area.

Each point in the Performance Improvement Plan represents one of the questions about satisfaction with military health care, Questions 52a-gg. For example, point H represents satisfaction with the length of time the beneficiary waits in the provider's office. The "importance" score in the figure is the correlation of overall satisfaction with ratings of these individual aspects of health care service. (A correlation was developed for each item.) For example, the correlation for office waiting time would indicate how "important" office waiting time is in determining the respondent's overall satisfaction with military care. Each specific aspect of health care, such as office waiting time, is a component of overall health care. Overall satisfaction with health care is a combination of the satisfaction ratings of individual components. The closer a point is to the top of the figure, the more important that component is in determining overall satisfaction with military health care.

The intersection of a service's importance and satisfaction value defines a point on the grid. The middle values of importance and satisfaction determine the lines that divide the grid into four priority quadrants. Services above the horizontal line are of greater importance to the beneficiary than those below the horizontal line, and they are noteworthy for their contribution to overall satisfaction. Services that beneficiaries are less satisfied with lie to the left of the vertical line, and those they are more satisfied with lie to the right of the line.

The quadrants may be interpreted as follows:

- **Top priority improvement opportunities are in the top left quadrant.** These are specific aspects of health care with which beneficiaries are relatively dissatisfied and, at the same time, are important in determining overall satisfaction. These are the areas that offer the greatest opportunities for increasing overall beneficiary satisfaction.
- **Top priority areas to maintain are in the top right quadrant.** These are aspects of health care with which beneficiaries are relatively satisfied and that are important in determining overall satisfaction. These are current strengths of the catchment area.
- **Secondary priority improvement opportunities are in the bottom left quadrant.** Low importance in determining overall satisfaction and low beneficiary satisfaction characterize these aspects of health care. There may be a need for improvement, but these are lower priority items.
- **Secondary priority areas to maintain are in the bottom right quadrant.** These aspects of health care are characterized by low importance in determining overall satisfaction and high beneficiary satisfaction. These areas appear to be meeting beneficiaries' expectations.

Figure 9.1 Performance Improvement Plan for Tripler AMC (0052)**Findings:**

The following aspects of military health care at Tripler AMC were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into four categories, should be the focus of remedial action.

Access to System Resources and Appointments

- Access to health care whenever you need it (C)
- Access to a specialist when you need one (D)

Quality of Care

- Ability to diagnose your health care problems (M)

Concern Shown by Health Care Providers

- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)